**BEHAVIOUR MANAGEMENT POLICY**

1. **Designated Person – Liza Langton**

Children

We believe that children and adults flourish best in an ordered environment in which everyone knows what is expected of them and children are free to develop their play and learning without fear of being hurt or hindered by anyone else. We aim to work towards a situation in which children can develop self-discipline and self-esteem in an atmosphere of mutual respect and encouragement.

In order to achieve this:

1. Rules governing the conduct of the group and the behaviour of the children will be discussed and agreed within the nursery school. Children will be involved in deciding what is appropriate behaviour and encouraged to follow the agreed rules.
2. All adults in the nursery will apply the rules so that children have the security of knowing what to expect and can build up useful habits of behaviour.
3. All adults will provide a positive model for the children with regard to friendliness, care and courtesy.
4. Adults in the nursery will praise and endorse desirable behaviour such as kindness and willingness to share.
5. We will take positive steps to avoid a situation in which children receive adult attention only in return for undesirable behaviour.

When children behave in unacceptable ways:

1. Physical punishment, such as smacking or shaking, will be neither used nor threatened.
2. Children will never be sent out of the room by themselves.
3. Techniques used to single out and humiliate individual children will not be used.
4. Children who misbehave will be given one-to-one adult support in seeing what was wrong and working towards a better pattern.
5. Where appropriate this might be achieved by a period of “time-out” with an adult.
6. In any case of misbehaviour, it will always be made clear to the child or children in question that it is the behaviour and not the child that is unwelcome.
7. Any behaviour problems will be handled in a developmentally appropriate fashion, respecting individual children’s’ level of understanding and maturity.
8. Recurring problems will be tackled by all staff in partnership with the child’s parents to establish an understanding of the cause.
9. Adults will be aware that some kinds of behaviour may arise from a child’s special needs.
10. Repetitive unwanted behaviour will be monitored and tracked. Where necessary a Behavioural Plan will be written.

When addressing behaviour concerns, we will always;

* Seek information from parents/carers and discuss with them behaviour issues, strategies and actions to promote positive behaviour, as concerns arise.
* With parental consent, we will seek advice from the Early Years Services.
* If a child’s behaviour is persistently challenging and presents a significant and consistent risk to themselves or others, we may discuss with parents/carers the possibility of keeping the child at home for a short period. This will allow time for staff and parents/carers to make reasonable adjustments to manage the child’s behaviour in accordance with the Disability Discrimination Act. We will consult the Early Years Services before taking this action. We will consider fully the views of the parents/carers and child on developing approaches and strategies to manage the child’s behaviour and plan for the child’s return to our setting.

Injuries or accidents, e.g. bites, will always be recorded and reported to the parent(s).

* The member of staff with the child at the time of the incident/accident will check the child’s condition.
* If needed, first aid will be provided by a qualified member of staff.
* The situation will be reported to the member of staff in charge of the session.
* As soon as possible after the incident/accident a record of events will be recorded in the incident/accident log. This should include as much detail as possible and be countersigned by the staff involved and the child’s parents.

Staff and families

Threatening or abusive behaviour will not be tolerated. This will also include any expression of prejudice or discriminating behaviour towards or between staff or families. All such incidences will be challenged and recorded in the Discrimination/Behaviour log using the following criteria:

* Speak with Liza Langton (Manager)
* Account of what happened
* Details of the victim(s), assailant(s) and witnesses.
* The outcome including working time lost to the individual(s) affected and to the organisation as a whole.
* Details of the location of the incident.

## This policy was adopted at a meeting of the nursery school held

##  On (date) ………..……………………

*Signed on behalf of the nursery school………………………….*

*Understood and accepted by*

Physical Handling of Children In Early Years & Childcare Settings

Background

We aim to help children take responsibility for their own behaviour. This can be done through a combination of approaches which include:

Positive role modelling

Planning a range of interesting and challenging activities

Setting and enforcing appropriate boundaries and expectations

Providing positive feedback

However, there are very occasionally times when a child’s behaviour presents particular challenges that may require physical handling.

# Definitions

There are three main types of physical handling.

# Positive Handling - The positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations:

Giving guidance to children (such as how to hold a paintbrush or when climbing)

Providing emotional support (such as placing an arm around a distressed child)

Physical care (such as first aid or toileting)

We exercise appropriate care when using touch. (There is further guidance in our Child Protection policy

# 2. Physical intervention - Physical intervention can include mechanical and environmental means such as high chairs, stair gates or locked doors. These may be appropriate ways of ensuring a child’s safety.

# 3. Restrictive physical intervention - This is when we need to use physical force intentionally to restrict a child’s movement against his or her will. In most cases this will be through the use of the adult’s body rather than mechanical or environmental methods.

This policy is based on national guidance.

# Principles for the use of restrictive physical intervention

Restrictive physical handling will be used in the context of positive behaviour management approaches.

We will only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing children’s behaviour and will only be used in the context of a well established and well implemented positive framework. This positive framework is described in more detail in our behaviour management policy.

We will do all we can in order to avoid using restrictive physical intervention. However there are clearly rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances may be used with other strategies such as saying “stop”.

Restrictive physical intervention will only be used when we believe its use is in the child’s best interest: their needs are paramount.

All staff have a duty of care towards children in our setting. When children are in danger of hurting themselves, others or of causing significant damage, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to “stop!” However, if it is judged as necessary, staff may use restrictive physical intervention.

When restrictive physical intervention is used, it is used within the principle of reasonable minimal force in proportion to the circumstances. We will use as little restrictive force as necessary in order to maintain safety. We will use this for as short a period as possible.

# When can restrictive physical intervention be used?

Restrictive physical intervention can be justified when:

Someone is injuring themselves or others

Someone is damaging property

There is suspicion that although injury, damage or other crime has not yet happened, it is about to happen.

We might use restrictive physical intervention if a child is trying to leave the premises or out on a trip and it is judged that the child would be at risk. Staff will also use other protective measures, such as securing the site and ensuring adequate staffing levels.

There may be times when, restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. If staff judge that restrictive physical intervention would make the situation worse, staff would not use it, but would do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with our duty of care.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her.

### Who can use restrictive physical intervention?

This will usually be a member of staff who knows the child well. This person is most likely to be able to use other methods to support the child and keep them safe without using physical intervention. In an emergency, anyone can use restrictive physical intervention as long as it is consistent with our policy.

Where individual children’s behaviour means that there is a probable need to use restrictive physical intervention, we will identify staff who are most appropriate to be involved. We will seek appropriate training and support in behaviour management as well as physical intervention for these practitioners. Staff and children’s physical and emotional health will be considered when such plans are made.

# What type of restrictive physical intervention can and cannot be used?

Any use of restrictive physical intervention in our setting is consistent with the principle of reasonable minimal force.

We will:

Aim for side-by-side contact with the child.

Aim for no gap between the adult’s and child’s body.

Aim to keep the adult’s back as straight as possible.

beware in particular of head positioning, to avoid head butts from the child.

Hold children by ‘long’ bones i.e. avoid grasping at joints where pain and damage are most likely.

Ensure that there is no restriction to the child’s ability to breathe.

Avoid lifting children.

Staff are not allowed to use seclusion (which is where children are forced to spend time alone in a locked room). Restrictive physical intervention is *not* used to bring children to, or hold them in, time-out.

There may be situations where it is necessary for staff to receive specific training in the use of restrictive physical intervention. Where this is the case, we will only seek this training through a model that is accredited by BILD (British Institute of Learning Disabilities). Staff will have access to appropriate refresher training.

Planning

In an emergency we will do our best within their duty of care and using reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made. This will be based on a risk assessment which considers:

what the risks are

who is at risk and how

what can be done to manage the risk

An individual behaviour plan for the child will then be written. If this behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child’s behaviour. The behaviour plan will outline:

an understanding of what the child is trying to achieve or communicate through their behaviour

how the environment can be adapted to better meet the child’s needs

how the child can be taught and encouraged to use new, more appropriate behaviours

how the child can be rewarded when he or she makes progress

how staff respond when the child’s behaviour is challenging (responsive strategies).

Staff pay particular attention to responsive strategies. There are a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention. Responsive strategies are chosen in the light of a risk assessment, which considers:

the risks presented by the child’s behaviour

the potential targets of such risks

preventive and responsive strategies to manage these risks

We will draw from as many different viewpoints as possible when it is known that an individual child’s behaviour is likely to require some form of restrictive physical intervention. In particular, the child’s parents/carers will be involved with key staff who work with the child, and any visiting support staff (such as EYCS Inclusion team, Educational Psychologists, Portage workers, the Behaviour Support Team, Speech and Language Therapists and Social Workers). The outcome from these planning meetings will be recorded and a signature will be sought from the parent/carer to confirm their knowledge of the planned approach. These plans will be reviewed at least once every four to six months, or more frequently if there are major changes to the child’s circumstances.

# Recording and reporting

We will record any use of restrictive physical intervention (see page 6). This will be done as soon as possible and within 24 hours of the incident. According to the nature of the incident, the incident will be noted in other records, such as the accident book or child tracking sheets.

After using restrictive physical intervention, we will inform the parents/carers by phone (or by letter or note home with the child if this is not possible). Parents/carers will be given a copy of the record form. The head of the setting will also be informed.

# Supporting and reviewing

It is distressing to be involved in a restrictive physical intervention, whether as the person doing the holding, the child being held or someone observing or hearing about what has happened. After a restrictive physical intervention, support is given to the child so that they can understand why they were held. A record is kept about how the child felt about this where this is possible (see page 7). Where appropriate, staff may have the same sort of conversations with other children who observed what happened. In all cases, staff will wait until the child has calmed down enough to be able to talk productively and understand this conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid.

Support will be given to the adults who were involved, either actively or as observers. The adults will be given the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of after-incident support is to repair any potential strain to the relationship between the child and the adult that restrained him or her. After a restrictive physical intervention we will review the child’s behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

# Monitoring

Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of children without using restrictive physical intervention. This will be done through keeping records and ongoing discussions.

We will also seek support from the Early Years & Childcare Service Inclusion Team where appropriate.

**Complaints:**

Where anyone (child, parent/carer, guardian) has a concern, this should be dealt with through the setting’s usual complaints procedure.

1. **Designated Person – Liza Langton**

## Record form for physical intervention

|  |  |
| --- | --- |
| **Name of child:** | **Date:** |
| **Member of staff:**  | **Time:**  |
| **Reason physical intervention was used:** |
| **Type & duration of physical intervention used:** |
| **Injuries caused during the incident and who injured (if applicable):** |
| **Post incident support:** | “Supporting a child after a physical intervention” form completed?**YES** / **NO** |
| **Additional comments:** |
| **Member of staff signature:**  |
| **Report shared with parents / carers****Parents / carers signature:** | **Date:** |

***Supporting a child after a physical intervention***

|  |
| --- |
| **What happened? (The child’s view)** |
| **What happened? (The adult’s view)** |
| **Looking for patterns** |
| **Planning for the future** |

Child’s printed name ………………..….. Signature (if appropriate) …………………………..

Adult printed name …….…………….…. Signature ……………………………………..……...

Incident date ………………………….….. Incident time ………